

DECLARATION and POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**USE OF THE KCNQ2 AND KCNQ3 GENES FOR THE DISCOVERY OF AGENTS USEFUL IN THE TREATMENT OF
NEUROLOGICAL DISORDERS**

the specification of which is attached hereto unless the following box is checked:

☐ was filed on **December 3, 1999** as U.S. Application No. **09/454,868** or PCT International Application No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Application No.	Country	Filing Date	Priority Claimed (Yes/No)
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I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States Provisional Application(s) listed below.

U.S. Provisional Application No.
60/110,804

U.S. Filing Date
12/3/98

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International Application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International Application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

Application No.	U.S. Filing Date	Status (patented, pending or abandoned)
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POWER OF ATTORNEY: I hereby appoint the following attorney(s) and/or agent(s) the power to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Name:	Registration No.:
Blair Q. Ferguson	34,329
Gerald J. Boudreaux	35,073
Karen H. Kondrad	38,212
Scott K. Larsen	38,532
Maureen P. O'Brien	42,043
Norbert Reinert	18,926
Mary K. VanAtten	39,408
Kenneth B. Rubin	36,295
Rosemarie R. Wilk-Orescan	P45,220

Send correspondence and direct telephone calls to:

SCOTT K. LARSEN, Ph.D., J.D.

DuPont Pharmaceuticals Company
c/o E. I. du Pont de Nemours and Co.
Legal - Patents
1007 Market Street
Wilmington, DE 19898, U.S.A.

Tel. No.
(302) 695-2584

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

INVENTOR(S)

Full Name of Inventor	Last Name	First Name	Middle Name
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			Zip Code
			11733

☐ Additional Inventors are being named on separately numbered sheets attached hereto.

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INVENTOR(S)

Full Name of Inventor	Last Name	First Name	Middle Name
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Signature (please sign full name):			Date:
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Full Name of Inventor	Last Name	First Name	Middle Name
	MCKINNON	DAVID	
Signature (please sign full name):			Date:
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Post Office Address	Post Office Address	City	State or Country
	27 BRAEMER ROAD	EAST SETAUKET	NY
			Zip Code
			11733

☐ Additional Inventors are being named on separately numbered sheets attached hereto.